

**THE KENTUCKY BOARD OF LICENSURE
FOR PRIVATE INVESTIGATORS**

PO BOX 1360

FRANKFORT, KY 40602

502-564-3296

EXT 239

<http://kpi.ky.gov>

PI INDIVIDUAL LICENSE RENEWAL FORM

Your Private Investigator License Number expires on June 30, _____.

In accordance with KRS 329A.045 and 201KAR 41:060 Renewal and reinstatement procedures, you are required to renew your license every two (2) years with the submission of this form, one (1) passport-type photograph, proof of liability insurance (***must be sent WITH your renewal***), and renewal fee of \$250.00, if received PRIOR to June 30, 2014, by check or money order made payable to the **Kentucky State Treasurer, DO NOT SEND CASH**. The fee for renewals received during the 60 day grace period is a total of \$500.00 as set forth in 201 KAR 41:040. Licenses not renewed by the end of the grace period will be terminated and you must immediately CEASE AND DESIST from the practice of private investigation. The reinstatement fee is a total of \$600.00. The inactive status fee is \$100.00. The reactivation fee is \$250.00.

PLEASE COMPLETE THE FOLLOWING: INDIVIDUAL LICENSE NUMBER _____

1. Name and Address: Is this a new mailing address? ☐ Yes ☐ No

Name: _____

Address: _____

2. Business Name and Address: (Only if different from mailing address)

Business Name: _____

Address: _____

3. Home Phone () _____ Business Phone () _____

4. License Number _____

5. Have you been convicted of a felony or misdemeanor since the last renewal of your license? () No () Yes

If yes, what offense and give details _____

6. Has your license to be a Private Investigator in this or any other state been denied or subject to disciplinary action?

() No () Yes. If yes, give details _____

7. **Continuing Education:** For this renewal period, you are required to have completed twelve (12) Continuing Education hours in or related to the field of Private Investigation. Note Pursuant to 201 KAR 41.070 Section 2. Accrual of Continuing Education Hours; Computation of Accrual. (1) A minimum of twelve (12) continuing education hours shall be accrued by each person holding licensure during the two (2) year licensure period for renewal. (2) All hours shall be in or related to the field of private investigation.

Course Title	Name of Provider	Name of Sponsor	Date(s) Attended	# of <i>CEUs</i>

TOTAL NUMBER OF CEU'S _____

8. **Please check one.** Do you wish to place your license in an inactive status? ☐ Yes ☐ No

Question number 9, if your license is active please check N/A

9. Do you wish to reactivate your inactive license? ☐ Yes ☐ No ☐ N/A

LICENSEE AFFIDAVIT

I, the licensee named in the above, do certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my license could be subject to disciplinary action by the Kentucky Board of Licensure for Private Investigators.

I have completed _____ hours of continuing education since my last renewal. I understand that, at the Board's request, I may be asked to submit information that supports this statement.

Date_____ Licensee's Signature_____

(Sign your name - Do not print or type)

DO NOT WRITE BELOW THIS LINE -- FOR BOARD AND OFFICE USE ONLY

Application Approved ☐ Application Denied ☐ Defer ☐

By: _____
(Signature)

Date: _____